## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03173

FILED Apr 10, 2008 Secretary of State

Entity Name: HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	A CIEGA DR A BCH, FL 3370	08 US		
urrent N	Mailing Addres	s:	New Mailing Ad	dress:
	A CIEGA DR A BCH, FL 3370	08 US		
El Numbei	r: 59-2834825	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Addre	ess of New Registered Agent:
757 1131	IHORST, WALT TH STREET .E, FL 33772	US		
he ahove	e named entity s	submits this statement for the	nurnose of changing its regis	stered office or registered agent, or ho
	e named entity s te of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or bo
the Stat	te of Florida.			stered office or registered agent, or bo
the Stat	te of Florida.	submits this statement for the		stered office or registered agent, or bo Date
the Stat	te of Florida.	ic Signature of Registered A	gent	
the Stat	te of Florida.  IRE: Electron  RS AND DIRECT  P () WUBBENHORS 8757 113TH ST	ic Signature of Registered A TORS:  Delete ST, WALTER W REET	gent	Date
the Stat  IGNATU  FFICER  tle: ame: ddress:	te of Florida.  IRE: Electron  S AND DIREC  P () WUBBENHORS 8757 113TH ST SEMINOLE, FL  S () AFFELD, TERR 1608 CORDOV/	ic Signature of Registered A  TORS:  Delete ST, WALTER W REET 33772  Delete ENCE A GREENS	gent  ADDITIONS/CHA  Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECT
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. WUBBENHORST P 04/10/2008